

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cooperative of American Physicians IE Committee

ADDRESS (number and street) ▼

333 S Hope St 8th Floor

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90071

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492116

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rebecca Olson

Signature of Treasurer

Rebecca Olson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		3214.73
(b) Cash on Hand at Beginning of Reporting Period.....	954964.38	
(c) Total Receipts (from Line 19)	10999.69	1411064.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	965964.07	1414279.71
7. Total Disbursements (from Line 31)	28224.12	476539.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	937739.95	937739.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	10935.00	1358505.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	10935.00	1358505.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	50000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10935.00	1408505.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1899.35
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	64.69	660.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10999.69	1411064.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10999.69	1411064.98

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	28224.12	462089.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28224.12	462089.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	14450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28224.12	476539.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28224.12	476539.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10935.00	1408505.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10935.00	1408505.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	28224.12	462089.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1899.35
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	28224.12	460190.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City	State	Zip Code
Los Angeles	CA	90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

1358505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2015

Transaction ID : 11AI-175

Amount of Each Receipt this Period

200.00

In-Kind: Administrative Services

Full Name (Last, First, Middle Initial)

B. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City	State	Zip Code
Los Angeles	CA	90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼

1358505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2015

Transaction ID : 11AI-177

Amount of Each Receipt this Period

10735.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10935.00

10935.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 10
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address 333 S Grand Ave

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐ Primary☐ General☒ Other (specify) ▼

Calendar year

Aggregate Year-to-Date ▼

660.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : 17-175-O

Amount of Each Receipt this Period

64.69

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

64.69

64.69

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Cooperative of American Physicians IE Committee

A. Capitol Advocacy, LLC

Mailing Address 1301 I Street

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement	California Public Policy
<p>1. Emergency Relief: The primary purpose of the California Public Policy is to provide emergency relief to the state's most vulnerable populations, including the homeless, the elderly, and the disabled.</p> <p>2. Healthcare Access: The policy aims to ensure that all Californians have access to affordable and quality healthcare services, including mental health and substance abuse treatment.</p> <p>3. Economic Stability: The policy seeks to promote economic stability and growth by supporting small businesses, creating jobs, and providing financial assistance to low-income families.</p> <p>4. Education and Training: The policy focuses on improving the quality of education and providing training opportunities for students and adults alike.</p> <p>5. Environmental Protection: The policy emphasizes the importance of protecting the state's natural resources and promoting sustainable development.</p>	<p>1. Emergency Relief: The California Public Policy provides emergency relief to the state's most vulnerable populations, including the homeless, the elderly, and the disabled.</p> <p>2. Healthcare Access: The policy aims to ensure that all Californians have access to affordable and quality healthcare services, including mental health and substance abuse treatment.</p> <p>3. Economic Stability: The policy seeks to promote economic stability and growth by supporting small businesses, creating jobs, and providing financial assistance to low-income families.</p> <p>4. Education and Training: The policy focuses on improving the quality of education and providing training opportunities for students and adults alike.</p> <p>5. Environmental Protection: The policy emphasizes the importance of protecting the state's natural resources and promoting sustainable development.</p>

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 21B-338

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
In-Kind: Administrative Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 11/14/2015 in MM/DD/YYYY format. The first display shows '11' with 'M' indicators above. The second shows '14' with 'D' indicators above. The third shows '2015' with 'Y' indicators above.

Transaction ID : 21B-175-N

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Holland & Knight LLP

Mailing Address Post Office Box 864084

City	State	Zip Code
Orlando	FL	32886

Purpose of Disbursement	Consultant: Federal Public Policy
-------------------------	-----------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown side-by-side. The first display shows '11' with two small squares above it labeled 'M'. The second display shows '10' with two small squares above it labeled 'D'. The third display shows '2015' with four small squares above it labeled 'Y'. The displays are separated by slashes.

Transaction ID : 21B-339

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

Full Name (Last, First, Middle Initial)

A. Virgin America

Mailing Address 555 Airport Blvd

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
Roundtrip Airfare to Los Angeles for Committee Meeting

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2015
Transaction ID : 21B-342-S

Amount of Each Disbursement this Period

971.20

[MEMO ITEM]

SUBVENDOR to Holland & Knight LLP

Full Name (Last, First, Middle Initial)

B. Holland & Knight LLP

Mailing Address Post Office Box 864084

City Orlando State FL Zip Code 32886

Purpose of Disbursement
Committee Meeting Travel Expenses

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2015
Transaction ID : 21B-340

Amount of Each Disbursement this Period

993.37

Full Name (Last, First, Middle Initial)

C. Holland & Knight LLP

Mailing Address Post Office Box 864084

City Orlando State FL Zip Code 32886

Purpose of Disbursement
Consultant: Federal Public Policy

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2015
Transaction ID : 21B-343

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5993.37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Cooperative of American Physicians IE Committee

00:

Category/
Type

30.75

00

Category/
Type

12000.00

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

12030.75

TOTAL This Period (last page this line number only).....

28224.12